## FATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

091763870

| Ellective October 1, 2000   |  |  |                                    |                      |                              |                                    |            |                        |                        |    |                               |                        |
|---|--|--|------------------------------------|----------------------|------------------------------|------------------------------------|------------|------------------------|------------------------|----|-------------------------------|------------------------|
| CLAIMS AS   |  |  | SFILED - PART (<br>(Column 1)      |                      | (Column 2)                   |                                    |            | small entity<br>Type ( |                        | OR | other than<br>or small entity |                        |
| TOTAL CLAIMS  |  |  |                                    |                      |                              |                                    |            | RATE                   | FEE                    |    | RATE                          | FEE                    |
| FOR   |  |  | NUMBER FILED                       |                      | NUMBER EXTRA                 |                                    |            | basic fee              | 430                    | OR | Basic Fee                     |                        |
| TOTAL CHARGEABLE CLAIMS   |  |  | minus 20=                          |                      | • 2                          |                                    |            | X\$ 9=                 | 18                     | OR | X\$18=                        |                        |
|   | EPENDENT CL  |  | 3 minus 3 =                        |                      | 0                            |                                    |            | X40=                   |                        | OR | X80=                          |                        |
| MU  | LTIPLE DEPEN   | DENT CLAIM PI  | resent                             |                      |                              |                                    |            | +135=                  |                        | OR | +270=                         | :                      |
| ° H   | the difference   | in column 1 is   | less than zero, enter "0" in c     |                      |                              | olumn 2                            | E          | TOTAL                  | H4 8                   | OR | TOTAL                         |                        |
|   | C  | LAIMS AS A<br>(Column 1)   |                                    | RAS - (Colu          |                              | (Column 3)                         | )          | Small                  | enalla                 | OR | other<br>Small                |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                    |                      | BER<br>OUSLY                 | PRESENT<br>EXTRA                   |            | RATE                   | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
| 202   | Total  | . 17   | Minus                              | 2                    | 2                            |                                    |            | X\$ 9=                 |                        | OR | X\$18=                        |                        |
| ADDE  | Independent  | <u> </u>   |                                    |                      | 3<br>T.C.I. Alba             |                                    |            | X40=                   |                        | OR | X80=                          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |                                    |                      |                              |                                    |            | +135=                  |                        | OR | +270≔                         |                        |
|   |  |  |                                    |                      |                              |                                    |            | TOTAL<br>ADDIT, FEE    |                        | OR | TOTAL<br>ADDIT. FEE           |                        |
| (Column 1) (Column 2) (Column 3)  |  |  |                                    |                      |                              |                                    |            |                        |                        |    |                               |                        |
| ENY B   | Section of the sectio | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                    | PREVI                | BER                          | PRESENT<br>EXTRA                   |            | RATE                   | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | •  | Minus                              | 90                   |                              | =                                  |            | X\$ 9=                 |                        | OR | X\$18=                        |                        |
| AME   | Independent  | ATATION OF DA  | Minus                              | est DENI             | F CL AIRA                    | ]=                                 |            | X40=                   |                        | OR | X80=                          |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |  |                                    |                      |                              |                                    |            | +135=                  |                        | OR | +270=                         |                        |
|   |  |  |                                    |                      |                              |                                    |            | TOTAL<br>DDIT. FEE     |                        | OR | TOTAL<br>ADDIT. FEE           |                        |
| (Column 1) (Column 2) (Column 3)  |  |  |                                    |                      |                              |                                    |            |                        |                        |    |                               |                        |
| AMENIONIENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                    | PREVI                | IEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                   |            | RATE                   | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
| ROBE  | Total  | 0  | Minus                              | òo                   |                              | =                                  |            | X\$ 9=                 |                        | OR | X\$18=                        |                        |
| NORGE (   | Independent  | o ·  | Minus                              | 000                  |                              |                                    |            | X40=                   |                        | OR | X80≈                          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |                                    |                      |                              |                                    | <b>』</b> ∦ |                        |                        |    | <u> </u>                      |                        |
| ' If the entry in column 1 is less than the entry in column 2, write '6' in column 3. |  |  |                                    |                      |                              |                                    |            |                        |                        |    |                               |                        |
| 000   | i' tho "Highcot Nut<br>I' the "Highest Nut   | nber Proviously Penber Proviously Proviously Penber Proviously Penber Proviously Provi | old for in this<br>eld for in this | s space i<br>s space | ්ට (000 කිය<br>ට (080 කිය    | n 20, ontor "20<br>n 3, enter "3." |            | DDIT. PEE              |                        | •  | TOTAL<br>ADDIT. FEE           |                        |